

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

01/11/2016

Document Number:

675202393

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334529	334529	CONKLIN, CURTIS	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 66561Name of Operator: OXY USA INCAddress: PO BOX 27757 #110City: HOUSTON State: TX Zip: 77227-

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Clark, Chris		chris_clark@oxy.com	

Compliance Summary:QtrQtr: NESE Sec: 2 Twp: 9S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/04/2014	675200028			SATISFACTORY			No
10/21/2013	673300055			SATISFACTORY	P		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
278342	WELL	PR	10/01/2013	GW	077-08902	MCDANIEL 2-15	PR	<input checked="" type="checkbox"/>
278343	WELL	PR	01/01/2011	GW	077-08903	MCDANIEL 2-16	PR	<input checked="" type="checkbox"/>
278344	WELL	PR	08/01/2011	GW	077-08904	MCDANIEL 2-10	PR	<input checked="" type="checkbox"/>
278346	WELL	PR	09/21/2015	GW	077-08906	MCDANIEL 2-9	PR	<input checked="" type="checkbox"/>
292512	WELL	PR	07/16/2009	GW	077-09415	MCDANIEL 2-9A	PR	<input checked="" type="checkbox"/>
292513	WELL	PR	03/17/2009	GW	077-09414	MCDANIEL 2-10C	PR	<input checked="" type="checkbox"/>
292514	WELL	PR	04/08/2015	GW	077-09413	MCDANIEL 2-10B	PR	<input checked="" type="checkbox"/>
292515	WELL	PR	09/01/2013	GW	077-09412	MCDANIEL 2-10A	PR	<input checked="" type="checkbox"/>
292516	WELL	PR	09/10/2014	GW	077-09411	MCDANIEL 2-9C	PR	<input checked="" type="checkbox"/>
292517	WELL	PR	05/06/2014	GW	077-09410	MCDANIEL 2-9B	PR	<input checked="" type="checkbox"/>

Inspector Name: CONKLIN, CURTIS

292518	WELL	PR	03/17/2009	GW	077-09409	MCDANIEL 2-15C	PR	<input checked="" type="checkbox"/>
292519	WELL	PR	12/01/2014	GW	077-09408	MCDANIEL 2-15B	PR	<input checked="" type="checkbox"/>
292520	WELL	PR	11/18/2008	GW	077-09407	MCDANIEL 2-15A	PR	<input checked="" type="checkbox"/>
292521	WELL	PR	07/16/2009	GW	077-09406	MCDANIEL 2-16C	PR	<input checked="" type="checkbox"/>
292522	WELL	PR	03/17/2009	GW	077-09405	MCDANIEL 2-16B	PR	<input checked="" type="checkbox"/>
292523	WELL	PR	03/17/2009	GW	077-09404	MCDANIEL 2-16A	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: **248-0497**

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:			
Type:	#	Satisfactory/Action Required:	
Comment			
Corrective Action			Date:

Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/AR	SATISFACTORY	Comment:		
Corrective Action:				Corrective Date:

<u>Paint</u>	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment	Same			

Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
CONDENSATE	6	400 BBLS	STEEL AST	,
S/AR	SATISFACTORY	Comment:	AIRS ID 077-0523-001	
Corrective Action:				Corrective Date:

<u>Paint</u>	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Venting:	
Yes/No	NO
Comment	

Flaring:	
Type	Satisfactory/Action Required
Comment:	

Corrective Action:

Correct Action
Date:**Predrill**

Location ID: 334529

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Comment:** _____**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 278342 Type: WELL API Number: 077-08902 Status: PR Insp. Status: PR

Facility ID: 278343 Type: WELL API Number: 077-08903 Status: PR Insp. Status: PR

Facility ID: 278344 Type: WELL API Number: 077-08904 Status: PR Insp. Status: PR

Facility ID: 278346 Type: WELL API Number: 077-08906 Status: PR Insp. Status: PR

Facility ID: 292512 Type: WELL API Number: 077-09415 Status: PR Insp. Status: PR

Inspector Name: CONKLIN, CURTIS

Facility ID:	292513	Type:	WELL	API Number:	077-09414	Status:	PR	Insp. Status:	PR
Facility ID:	292514	Type:	WELL	API Number:	077-09413	Status:	PR	Insp. Status:	PR
Facility ID:	292515	Type:	WELL	API Number:	077-09412	Status:	PR	Insp. Status:	PR
Facility ID:	292516	Type:	WELL	API Number:	077-09411	Status:	PR	Insp. Status:	PR
Facility ID:	292517	Type:	WELL	API Number:	077-09410	Status:	PR	Insp. Status:	PR
Facility ID:	292518	Type:	WELL	API Number:	077-09409	Status:	PR	Insp. Status:	PR
Facility ID:	292519	Type:	WELL	API Number:	077-09408	Status:	PR	Insp. Status:	PR
Facility ID:	292520	Type:	WELL	API Number:	077-09407	Status:	PR	Insp. Status:	PR
Facility ID:	292521	Type:	WELL	API Number:	077-09406	Status:	PR	Insp. Status:	PR
Facility ID:	292522	Type:	WELL	API Number:	077-09405	Status:	PR	Insp. Status:	PR
Facility ID:	292523	Type:	WELL	API Number:	077-09404	Status:	PR	Insp. Status:	PR

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
Comment: _____
Corrective Action: _____ Date: _____
Reportable: _____ GPS: Lat _____ Long _____
Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____
DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? _____

CM _____

CA _____

CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____

CA Date _____

Pit, cellars, rat holes and other bores closed? _____

CM _____

CA _____

CA Date _____

Guy line anchors marked? _____

CM _____

CA _____

CA Date _____

1003b. Area no longer in use? _____

Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____

Pit mouse/rat holes, cellars backfilled _____

Debris removed _____

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured _____

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____

Locations, facilities, roads, recontoured _____

Compaction alleviation _____

Dust and erosion control _____

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____

Subsidence _____

Inspector Name: CONKLIN, CURTIS

Comment:

Corrective Action:

Date

Overall Final Reclamation

Well Release on Active Location

Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
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S/A/V: Corrective Date:

Comment: Could not do complete stormwater inspection due to snow cover.

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT